

FIRE DEPARTMENT SURVEY

I am updating our files and have discovered there are a few discrepancies with our information. Although this may take a little time and effort and even if you think we have this information, please complete the form and return. All you need to do is complete, threefold and tape. No postage necessary. If you have access to the Internet, you can complete this form online then print and fax or mail it to me.

1. EXACT NAME OF FIRE DEPT: _____
2. FIRE CHIEF: _____
3. STREET ADDRESS: _____
4. CITY, STATE, ZIP, COUNTY: _____
5. MAILING ADDRESS: _____
6. CITY, STATE, ZIP, COUNTY: _____
7. STATION: _____ 8. CELL #: _____
9. ALTERNATE #: _____ 10. FAX: _____
11. E-MAIL: _____
12. FUNDING: 1. TAX BASE ☐ 2. SUBSCRIBER DUES ☐
13. TYPE OF FIRE DEPARTMENT ☐ CITY ☐ FIRE PROTECTION DISTRICT
☐ INDUSTRIAL ☐ OTHER
14. POPULATION OF AREA PROTECTED: _____
15. NUMBER OF FIRE DEPARTMENTS MEMBERS:
VOLUNTEER-paid per call: _____ VOLUNTEER-no pay per call: _____ FULL TIME PAY: _____
16. CONTACT FOR IFIRS IF OTHER THAN CHIEF: _____
17. PHONE: _____ 18: _____
19. EMAIL: _____

Should you have any questions, please do not hesitate to give me a call.

Thank you in advance for your cooperation.

[Shirley J. Carnahan](#)

Administration Assistant
Office of State Fire Marshal
208-334-4370 (ph)
208-334-4375 (fax)

COMMENTS: _____
